



## Society of Indian Neuroscience Nurses (SINN)

(Reg No 1550, 1988 Chandigarh)

### APPLICATION FORM FOR MEMBERSHIP

Name (Block Letters) Miss/Mrs/Mr :

Name & Address of Institution where trained :

Official Address with Designation :

Professional Qualification :

Specialisation Diploma/Certificate :

Total Years of Experience in Neuro Units :

Experience in specific areas :- Neurology : Neuro OT :

Neurosurgery : Neuroradiology :

Member of any other Association :

Address for Correspondence with Pin Code :

Email ID :

Phone with Code (O): (Mob):

Date & Place of Submission:

Signature

(P.T.O.)

Membership Type	Membership Fee
Life Member (LM) – only for Neuro nurses	• 1000 /-
Annual Member (AM)	• 250/-
Associate Member (Asso. M)	• 250/-
Entry Fee for conference attendee	• 100/- (for LM) • 50/- (Others)

Send Demand Draft in favour of ‘Society of Indian Neurosciences Nurses’ payable at Trivandrum.

Address for Communication : Dr. Saramma P P,  
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Medical College P.O.,  
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Pin 695011

Email: [ins@sctimst.ac.in](mailto:ins@sctimst.ac.in)

Mobile: +919447654112

**For Office Use:**

Membership Allotted : Type & Number : LM \_\_\_\_\_ / AM \_\_\_\_\_ / Asso. M \_\_\_\_\_

Signature